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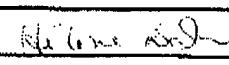
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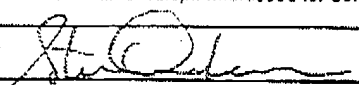
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TRANSMITTAL FORM <small>(to be used for all correspondence after initial filing)</small>	Application Number	10/559,675	
	Filing Date	6 DECEMBER 2005	
	First Named Inventor	JACQUITH, JAMES	
	Art Unit	1626	
	Examiner Name	SALEH, KAMAL A	
Total Number of Pages in This Submission	7	Attorney Docket Number	LA0003400US

ENCLOSURES (Check all that apply)		
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SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT			
Firm Name	Gowling Latteur Henderson LLP		
Signature			
Printed name	HÉLÈNE D'ORIO		
Date	4 JULY 2008	Reg. No.	39,511

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Typed or printed name	STEVE DUCHESNEAU	Date	9 JULY 2008

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**REVOCATION OF POWER OF
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NEW POWER OF ATTORNEY
AND
CHANGE OF CORRESPONDENCE ADDRESS**

Application Number	104550,675
Filing Date	6 December 2005
First Named Inventor	JACUITI, JAMES
Art Unit	1626
Examiner Name	SAEED, KAMAL A
Attorney Docket Number	LS000346015

I hereby revoke all previous powers of attorney given in the above-identified application.

☐ A Power of Attorney is submitted herewith.

OR

☒ I hereby appoint the practitioners associated with the Customer Number:

48792

☒ Please change the correspondence address for the above-identified application to:

☒ The address associated with
Customer Number:

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OR

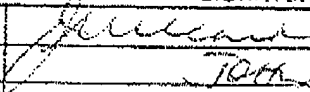
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I am the:

☐ Applicant/Inventor.

☒ Assignee of record of the entire interest. See 37 CFR 3.71.
Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96)

SIGNATURE of Applicant or Assignee of Record

Signature			
Name	JAMES JACUITI		
Date	10 June 2008	Telephone	514-388-5530

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representatives are required. Submit multiple forms if more than one signature is required, see below.

☐ Total of _____ forms are submitted.

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